

April 2010

Dear \_\_\_\_\_,

We would like to welcome you to the Leader-in-Training team for the summer of 2010. You have been placed as a LIT at:

**LOCATION:** \_\_\_\_\_ **SESSION:** \_\_\_\_\_  
**LOCATION:** \_\_\_\_\_ **SESSION:** \_\_\_\_\_  
**LOCATION:** \_\_\_\_\_ **SESSION:** \_\_\_\_\_

If there have been any changes in your summer plans please **email** or call me as soon as possible.

A **mandatory** orientation for **NEW LIT's** will be held on **Wednesday, June 2, 5-7 p.m.** at the **Elwood Smith Recreation Center** (601 Harrington Rd, Rockville MD 20852). Parents are welcome to come and ask questions at the end of the meeting (6:45-7 p.m.). We will be discussing the materials in the L.I.T. Manual and information directly related to camps and playgrounds. Don't forget to bring a pencil or pen for taking notes.

**RETURNING LITs** are asked to **submit their paperwork and pick up their LIT shirts** the same night, **Wednesday, June 2, at Elwood Smith between 4-5 p.m.**

⇒ The 2010 Summer LIT Placement Packet can be **DOWNLOADED** from the following link: [http://www.rockvillemd.gov/recreation/teens/do\\_good](http://www.rockvillemd.gov/recreation/teens/do_good).

The packet includes: **Leader-in-Training Agreement**, and the **Participant Information/Release Form (TWO PAGES)**.

**These forms should be completed and brought to the orientation meeting.**  
**(DO NOT MAIL THESE FORMS TO ME).**

If you're working on a Playground site, you will need to be in attendance at the Summer **Playground Orientation** on **Thursday, June 24, 1-4 p.m. at the Elwood Smith Community Center** and **Friday, June 25, 9-11 a.m. then on playground site from 12-2 p.m.**

*More information will be mailed to Playground LITs regarding the Orientation schedule.*

You are a very important part of our summer team of recreation professionals. On behalf of the City of Rockville Department of Recreation and Parks I would like to thank you for sharing your summer and talents with us. I hope that you will gain valuable leadership experience that can be used beyond the summer with us. I look forward to seeing you this summer!

Sincerely,

Nina Herndon, M.Ed  
Teen Programs Supervisor  
[nherndon@rockvillemd.gov](mailto:nherndon@rockvillemd.gov)

CITY OF ROCKVILLE DEPARTMENT OF RECREATION AND PARKS

**LEADER-IN-TRAINING AGREEMENT**

I \_\_\_\_\_  
(enter name)

understand that

1. I am committing myself to the sessions as assigned.
2. It is important for me to attend the orientation, staff meetings, and participate in the training sessions.
3. I will be supervised by the Directors of the Camp/Playground to which I am assigned.
4. This is a serious commitment and dependability is essential. I will make every effort to arrive at my work site on time. In the event of illness or family emergency, I will contact my Director and/or the L.I.T. Coordinator as much in advance as possible.
5. As an L.I.T., I am representing the City of Rockville and I will do my best to conduct myself in an appropriate manner and will adhere to the rules and regulations of the program.
6. The L.I.T. program is designed to train me to become a future counselor but in no way am I guaranteed a position with the City of Rockville Department of Recreation and Parks.
7. The City of Rockville Department of Recreation and Parks has the right to terminate my position at any time if my conduct or work performance is not compatible with the goals and objectives of my assigned position.

L.I.T. Signature \_\_\_\_\_  
\_\_\_\_\_

Date \_\_\_\_\_

Parent Signature \_\_\_\_\_  
\_\_\_\_\_

Date \_\_\_\_\_

**CITY OF ROCKVILLE**

**PARENTS:** You must complete ***both*** sides of this form and send it with your child on the first day of program in order for him/her to participate.

**PARTICIPANT INFORMATION**

NAME OF CHILD \_\_\_\_\_ D.O.B. \_\_\_\_\_ AGE \_\_\_\_\_ SEX \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ APT# \_\_\_\_\_

PARENT/GUARDIAN'S NAME \_\_\_\_\_

HOME PHONE \_\_\_\_\_ WORK PHONE (MR.) \_\_\_\_\_ (MRS) \_\_\_\_\_

CELL PHONE \_\_\_\_\_ EMAIL ADDRESS \_\_\_\_\_

**EMERGENCY CONTACT (OTHER THAN PARENT):**

1. NAME \_\_\_\_\_ PHONE \_\_\_\_\_

2. NAME \_\_\_\_\_ PHONE \_\_\_\_\_

**HEALTH HISTORY**

PLEASE LIST ALL ALLERGIES: \_\_\_\_\_

CHRONIC OR RECURRING ILLNESS: \_\_\_\_\_

OPERATIONS OR SERIOUS ILLNESS: \_\_\_\_\_

IS YOUR CHILD TAKING ANY MEDICATION? IF YES, WHAT TYPE? \_\_\_\_\_

NOTE: If your child needs assistance with any medication, you must notify the Recreation Office prior to the start of the program, 240-314-8620.

PHYSICIAN'S NAME \_\_\_\_\_ PHONE \_\_\_\_\_

Any other concerns which would affect your child's participation in this activity/program? \_\_\_\_\_

If your child does not speak English, what is hi/her primary language? \_\_\_\_\_

Any specific activities to be encouraged or restricted? \_\_\_\_\_

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**DISMISSAL AGREEMENT**

\_\_\_\_\_ Transported by car by parent/guardian or other authorize person(s) listed below (ID MUST BE PRESENTED):

1. NAME \_\_\_\_\_

2. NAME \_\_\_\_\_

\_\_\_\_\_ I GRANT PERMISSION FOR CITY STAFF TO ALLOW MY CHLD TO LEAVE UNESCORTED.

**PARENT/GUARDIAN'S SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

**CITY OF ROCKVILLE**  
Department of Recreation and Parks

**AGREEMENT TO PARTICIPATE**

**Parents:** Please help your child read and understand the following agreement:

**PARTICIPANTS NAME:** \_\_\_\_\_

***I understand:***

1. That there are inherent dangers involved in participation in recreation activities such as \_\_\_\_\_
2. That I must be aware of the risks and hazards associated with participation in this activity, such as use of equipment, slips and falls, contact with other participants, and various injuries related to this activity.
3. The rules and regulations for each activity, as explained in any written materials an/or explained by staff.
4. That the possible consequence of participating in this activity includes the possibility of serious injury or even death.

***I agree:***

1. To obey the rules and regulations for this activity and to follow the directions of the staff.
2. To inform a staff member of any dangerous or potentially hazardous situations I may observe.
3. That if I do not understand how an activity is performed or how a piece of equipment is to be used I will ask a staff member prior to beginning the activity.
4. To inform a staff member if I have any problems meeting the physical requirements necessary for participation in this activity.

\_\_\_\_\_  
Signature of Participant

\_\_\_\_\_  
Date

Parent/Guardian: By my signature below I hereby certify that I have reviewed the above Agreement to participate with my child and that he/she understands his/her responsibilities as a participant.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

.....  
**RELEASE**

I know that participation in \_\_\_\_\_ (fill in) may be a hazardous activity and that my child should not participate unless he/she is in good physical shape and is medical able. I assume all risks associated with participation in this activity, including but not limited to those generally associated with this type of activity, the hazards of traveling the public highways, of accidents, of illness and of the forces of nature.

In consideration of the right to participate in the above –named activity or program or program and in further consideration of the arrangements made for my child by the Mayor and Council of Rockville through its Department of Recreation and Parks for food, travel, and the recreation, I do not hereby on behalf of my child, my heirs, executors, administrators, and assigns, assume the above-mentioned risks, and do not release, hold harmless, and indemnify the Mayor and Council of Rockville and all of its agents, officers and employees from any and all claims for injuries or losses to any person or property which may arise out of or result from my child's participation in the above referenced program or activity.

**I further grant permission for a doctor to administer emergency treatment to**

\_\_\_\_\_ (Name of child) \_\_\_\_\_ (age), in the event I cannot be reached in a medical emergency.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date